LOWE & GRAHAM

blacklaw.com

RECEIVED
CENTRAL FAX CENTER

701 Fifth Avenue, Suite 4800 Reattle, Washington 98104 206.381.3300 • ₽: 206.381.3301

OCT 2 7 2005

Intellectual Property Attorneys

FACSIMILE COVER SHEET

FAX To:

Examiner Lau

FACSIMILE NO:

1-571-273-8300

SUBJECT:

RESPONSE TO RESTRICTION REQUIREMENT U.S. SERIAL NO. 10/717,736

OUR REFERENCE:

BING-1-1046

FROM:

Dale C. Barr

DATE:

October 27, 2005

MESSAGE:

Attached please find the response to the restriction requirement for the above-

referenced matter. Thank you.

The contents of this facsimile are privileged and confidential and intended only for the named recipient. If you received this facsimile in error, please notify us immediately by telephone and either destroy this copy or return it to us by mail.

This facsimile is [LO] pages in length, including the cover sheet.

Please call Wendy Saxby at 206.957.2461 immediately if any pages need to be retransmitted.

RECEIVED CENTRAL FAX CENTER

2063813301

P.02

OCT 27 2005

PTQ/\$8/21 (09-04) Approved for use through 07/31/2008. OMB 0861-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/717.736 Filing Date TRANSMITTAL November 20, 2003 First Named Inventor **FORM** Black, Scott Art Unit 2863 Examiner Name Lau, Tung (to be used for all correspondence after initial filing) Attorney Docket Number BING-1-1046 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC X Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC X Amendment/Reply Petition (Appeal Notice, Brief, Reply Brief) Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please identify Terminal Disclaimer Extension of Time Request below): Return Receipt Postcard Request for Refund Express Abandonment Request **Facsimile Cover Sheet** CD, Number of CD(s) Information Disclosure Statement Landscape Table on CO Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Black Lowe & Graham, PLLC Signature Printed name Dale C. Barr Date October 27, 2005 Reg. No. 40.498 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature Wendy Saxby Date Typed or printed name October 27, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.44. This collection is estimated to 2 hours to complete, including spitioting, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case, Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burroen, should be sent to the Chief Information Officer, U.S. Patent end Tradamark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, O NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need essistance in completing the form, call 1-800-PTO-9199 and select option 2.

BLACK LOWE GRAHAM

2063813301

P.03

OCT 2 7 2005

PTO/SB/17 (12-04) Approved for use through 07/31/2006. OMB 0951-0032 U.S. Patent and Trademerk Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no nersons are regulard to respond to a collection of Information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/717,736 TRANSMIT Filing Date November 20, 2003 For FY 2005 Black, Scott First Named Inventor Examiner Name Lau, Tung Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2863 TOTAL AMOUNT OF PAYMENT (\$) Attorney Docket No. BING-1-1046 METHOD OF PAYMENT (check all that apply) Check [Credit Card Money Order None I Other (please identify): Black Lowe & Graham, PLLC X Deposit Account Deposit Account Number: 501050 Deposit Account Name:_ For the above-identified deposit account, the Director is hereby authorized to: (chack all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES** <u>Small Entity</u> **Small Entity** Small Entity Fees Paid (\$) Application Type Fee (\$) Eee (\$) Fee (\$) Fqe (\$) Fee (\$) Egg.(\$) Utility 300 150 500 250 200 100 200 Design 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 600 250 300 **Provisional** 200 100 0 0 2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$) Fée Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 100 Each independent claim over 3 or, for Reissucs, each independent claim more than in the original patent 200 Multiple dependent claims 360 180 Total Claims Extra Claims Fee (\$) <u>Fee Paid (\$)</u> Multiple Dependent Claims 20 or KP = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Fee Pald (\$) Indep. Claims Extra Claims - 3 or HP = HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee Pald (\$) (round up to a whole number) x 4. OTHER FEE(S) Fees Pald (\$) Non-English Specification, \$130 fee (no small entity discount)

SUBMITTED BY			
.Signature	Mil. tom	Registration No. (Attorney/Agent)	Telephone 206.381.3300
Name (Print/Type)	Dale C. Barr		Date October 27, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patant and Trademark Office, U.S. Department of Commerce, P.O. 80x 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.